

Richard Allen Williams *Editor*

Healthcare Disparities at the Crossroads with Healthcare Reform

 Springer

Despair



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Edited by

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Book Symbol



The symbol for the new book is the African Sankofa bird, a mythical animal depicted in the Akan (Adinkra) writing system as flying forward with its head turned backward. The egg in its mouth represents the “gems” or knowledge of the past upon which wisdom is based; it also signifies the generation to come that would benefit from that wisdom. This symbol may be associated with the Akan proverb, “se wo were fi na wasankofa a yenki”, which means “it is not wrong to go back for what you have forgotten”.

Book Theme

“Baraka Sasa”, an old Swahili expression meaning “blessings now”.

This book is dedicated to the late Senator Edward M. Kennedy of Massachusetts, who was a champion for eliminating healthcare disparities and was the nation's strongest advocate for healthcare reform. His book, In Critical Condition, written in the 1970's, was one of the first to call attention to the crisis in our healthcare system.

By ten things is the world created,
By wisdom and by understanding,
And by reason and by strength,
By rebuke and by might,
By righteousness and by judgment,
By loving kindness and by compassion.

–Talmud Higa 12A

Foreword

Health disparity elimination studies and analyses did not only recently start to emerge, but they began in 1899 with the release of *The Philadelphia Negro* by Dr. William Edward Burghardt (W.E.B.) DuBois – a report that exposed the health disparities that existed between Blacks and Whites in a Philadelphia community. While numerous additional studies emerged after that landmark publication, they often remained under the sociopolitical radar, until *The 1985 Report of the Secretary's Task Force on Black and Minority Health* (The Heckler Report), which was the key federal effort to identify and draw national attention to the tragedy of racial and ethnic minority health disparities. The report, issued by then Department of Health and Human Services Secretary Margaret Heckler, formally detailed for the American consciousness the existence and extent of racial and ethnic health disparities for African Americans and three other identified racial and ethnic minority groups (defined during that time as Hispanics, Asians/Pacific Islanders, and Native Americans, including American Indians, Alaska Natives, and Native Hawaiians).

Fortunately for purposes of increasing awareness, health disparity reports did not and have not ceased since. In fact, in addition to the plethora of health disparities studies that have been published in academic journals since the Heckler Report, the Agency for Healthcare Research and Quality (AHRQ) – every year since 2003 – has published a report entitled the *National Healthcare Disparities Report* that measures and analyzes racial and ethnic differences in access and use of healthcare services, as well as impressions of quality of such services, by different populations. Today, not only are we well versed in the negative civil rights and health and healthcare repercussions of health disparities, but also the economic consequences of these disparities.

This cumulative knowledge about health disparities is what contributed to making Tuesday, March 23, 2010 such an important day in the health equity movement. That was the day the nation witnessed history unfold when the once-deemed insurmountable goal of overhauling the nation's healthcare system was attained with President Barack Obama signing into law the Patient Protection and Affordable Care Act (PPACA). Numerous key successes of this new law – including the expansion of health insurance coverage to more than 30 million Americans who currently

are uninsured; and the guarantee of numerous consumer protections to ensure that the patients' healthcare needs, instead of health insurance executive determinations, are at the forefront of healthcare decision-making – have rightfully received due attention and accolades. However, there are myriad provisions in PPACA – many of which go beyond expanding access to healthcare coverage and consumer protections – which have received far less attention, but which are nonetheless pivotal to ongoing and future efforts to reduce and ultimately eliminate racial and ethnic health disparities.

The newly enacted healthcare reform law includes numerous health equity provisions that were modeled after the legislative effort that the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus (collectively known as the Congressional TriCaucus) have championed for numerous Congresses – the last of which was H.R. 3090, the Health Equity and Accountability Act of 2009. This legislation was based almost entirely on the recommendations that arose from the landmark 2003 Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Thankfully, many were included in PPACA, including the following:

- Emboldened investment in existing (such as Medicaid) and forthcoming (such as public health exchanges) public health programs
- Bolstered and standardized data collection provisions across a broader range of demographic data, including subpopulation data, language preference, and history of disability
- Language services and cultural competency education provisions
- Health workforce provisions, especially those that aim to recruit, train, retain, and graduate healthcare providers from racially and ethnically under-served communities
- Community health centers, community health workers and healthier community provisions, as well as the expansion of prevention information and services that aim to reduce health disparities
- Increased accountability through the elevation of the Office of Minority Health at the Department of Health and Human Services, the establishment of additional Offices of Minority Health across numerous other federal agencies, and the elevation to an Institute of the National Center on Minority Health and Health Disparities at the National Institutes of Health

Dr. Richard Allen Williams and colleagues clearly had the foresight to see this moment coming when they conceptualized the successor to his 2007 book, *Eliminating Healthcare Disparities in America: Beyond the IOM Report*. This foresight is particularly evident in this edition's inclusion of recent evidence-based research findings and analyses that build upon the preceding edition, thus providing a more robust understanding of the extensive dynamics that sustain and often exacerbate racial and ethnic health disparities. Additionally, the scholarly contributions in this edition provide a foundation upon which a roadmap to health equity – particularly in an era of healthcare reform – can and should exist.